

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 561 775

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1				
4		1				
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1				
12		1				
13		1		1		
14		1		1		
15		1		1		
16		2		1		
17		1		1		
18		1				
19		1				
20		1		1		
21		1		1		
22		1		1		
23		1		1		
24		1		1		
25		1		1		
26		1		1		
27		1		1		
28		1		1		
29		1		1		
30		1		1		
31		1		1		
32		1		1		
33		1		1		
34		1		1		
35		1		1		
36		1		1		
37		1		1		
38	1			1		
39		1		1		
40		1		1		
41		1		1		
42		1		1		
43		1		1		
44		1		1		
45		1		1		
46		1		1		
47		1		1		
48		1		1		
49		1		1		
50		1		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52		1		1		
53		1		1		
54		1		1		
55		1		1		
56		1		1		
57		1		1		
58		1				
59		1		1		
60		1		1		
61		1	1			
62		1		1		
63		25				
64		25				
65		25				
66		25				
67		25				
68		25				
69		25				
70		25				
71		25				
72		25				
73		25				
74		25				
75		25				
76		0				
77		0				
78		0				
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	2	↓	3	↓		↓
TOTAL DEP.	389	←	59	←		←
TOTAL CLAIMS	391		62			